

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212518431</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>WESTMINSTER AMERICAN INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>STEVEN A MICHAEL PLLC 1950 OLD GALLOWS RD 7TH FL VIENNA, VA 22182</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F1794314</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>30,000,000</td> </tr> <tr> <td>PREFER</td> <td>20,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	30,000,000	PREFER	20,000,000
CLASS	AUTHORIZED							
COMMON	30,000,000							
PREFER	20,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 249 E MAIN ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WESTMINSTER, MD 21157</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANK HISER  TITLE: PRESIDENT  ADDRESS: 249 EAST MAIN ST  CITY/ST/ZIP/CO: WESTMINSTER, MD 21157 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK HISER TITLE: PRESIDENT ADDRESS: 249 EAST MAIN ST CITY/ST/ZIP/CO: WESTMINSTER, MD 21157	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK GLORIOSO DIRECTOR 1950 OLD GALLOWS ROAD SUITE 700 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD HARRISON DIRECTOR 3165 HICKORY RIDGE ROAD DUNKIRK, MD 20754	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD P MARINACCIO DIRECTOR 8120 FENTON STREET SUITE 300 SILVER SPRING, MD 20910	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SCOTT SR DIRECTOR 8120 FENTON ST STREET SUITE 300 SILVER SPRING, MD 20910	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL PFARR CFO 249 EAST MAIN STREET WESTMINSTER, MD 21157	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL PFARR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL PFARR, CFO PRINTED NAME AND CORPORATE TITLE	5/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			